



81ST ANNUAL COLLEGIATE DAIRY PRODUCTS EVALUATION CONTEST

Contestants Credentials

Please return this form to:

International Association of Food Industry Suppliers

Attention: Kelly Harris

1451 Dolley Madison Boulevard

McLean, VA 22101-3850

Fax: 703-761-4334

kharris@iafis.org

_____ (Name of College or University) will be represented at the 81st Collegiate Dairy Products Evaluation Contest by the following team members or individuals. Social Security Numbers (SSN) are requested for awards purposes, and will not be retained in Contest records. (Please print or type)

(1) _____ SSN: _____

(2) _____ SSN: _____

(3) _____ SSN: _____

Alternate: _____ SSN: _____

Graduate(s): _____ SSN: _____

_____ SSN: _____

The individuals fully meet the eligibility requirements as set forth in the official rules governing this contest.

The team will be accompanied by: _____
(Coach or Faculty Representative)

Title: _____ Telephone Number: _____

E-Mail Address: _____

IMPORTANT! Please complete and return the funding information on the next page.

Travel Funds: Please indicate below if someone other than the team coach or faculty representative named above should receive the travel funds provided by the Foundation of the International Association of Food Industry Suppliers.

Name: _____

Title: _____

Address: _____

Signature: _____

Date: _____

This completed form must reach IAFIS by September 20, 2002. Changes in designation of team members, alternates and graduate students may be made at any time up until 8:00 AM on October 26, 2002.